(a) what is Government's reaction to the resurgence of malaria;

(b) whether it is a fact that the delta districts of East Godavari, West Godavari and Krishna in Andhra Pradesh are badly affected by malaria;

(c) whether Government have taken any steps to control malaria; and

(d) whether any additional funds have been made available to State Governments to combat malaria?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) The Government introduced the modified plan of operation for control of malaria in 1977 after its resurgence and the annual incidence has stabilised at level of 2 million cases since 1984 as against 6.47 million cases in 1976.

(b) No, Sir.

(c) The following steps are being taken in this regard :—

1. *ANTI-VECTOR MEASURES*

(A) Chemical Methods

— Spraying with appropriate insecticides like DDT/BHC/ Malathion.

— Field trials with synthetic pyrethroids in selected areas in the country.

— Weekly application of anti-larval chemicals in water bodies in Urban areas.

(B) Biological methods

— Introduction of larvivorous fishes, wherever feasible.

— Trials with Biocides as effective anti-larval measures.

2. *ENVIRONMENTAL METHODS*

— Environmental modification and manipulations are being undertaken to effectively contain mosquito breeding.

3. *ANTI-PARASITIC MEASURES*

— Case detection and prompt treatment.

— Research on newer anti-malaria drugs for treatment of Chloroquine resistant P. falciparum malaria.

(d) Against the central assistance of Rs. 72.63 crores during 1991-92, an amount of Rs. 97.80 crores was released to the State Governments during 1992-93 for control of malaria.

Primary Health Centres for Rural Population

3959. SHRI TINDIVANAM G. VENKATRAMAN:
SHRI J. S. RAJU:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether all the rural population would have their primary health centres for mustering the health of people by 1994;

(b) the number of villages having PHCs and how many villages are likely to get PHCs;

(c) when all village PHCs would be completed within a stipulated period, if any?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) to (c) As against the total requirement of 23097 PHCs for rural areas, 20738 PHCs are already in position. By the end of 8th Five Year Plan, it is envisaged that country will have the total number of PHCs required.

Import of Copper Ts

3960. SHRI V. GOPALSAMY:
SHRI VIDUTHALAI VIRUMBI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Government have imported Copper Ts worth over $ 5 million for its family planning programme;

(b) if so, the details thereof including the number of Copper Ts, the name of the firm and also the mode of payment made to the firm;

(c) the number of Copper Ts presently lying unused at Hindustan Latex Limited, Trivandrum since when and the reasons for not using them;

(d) whether these Copper Ts are as per specifications, if not the details;

(e) whether any steps have been taken since to recover the amount paid to the American firm;

(f) whether the firm has been blacklisted for not supplying good quality Copper Ts; and

(g) whether any high level probe has been conducted into the whole issue to fix responsibility, if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) 5.25 million pieces of Copper T components at various stages of assembly were received from M/s. Finishing Enterprises